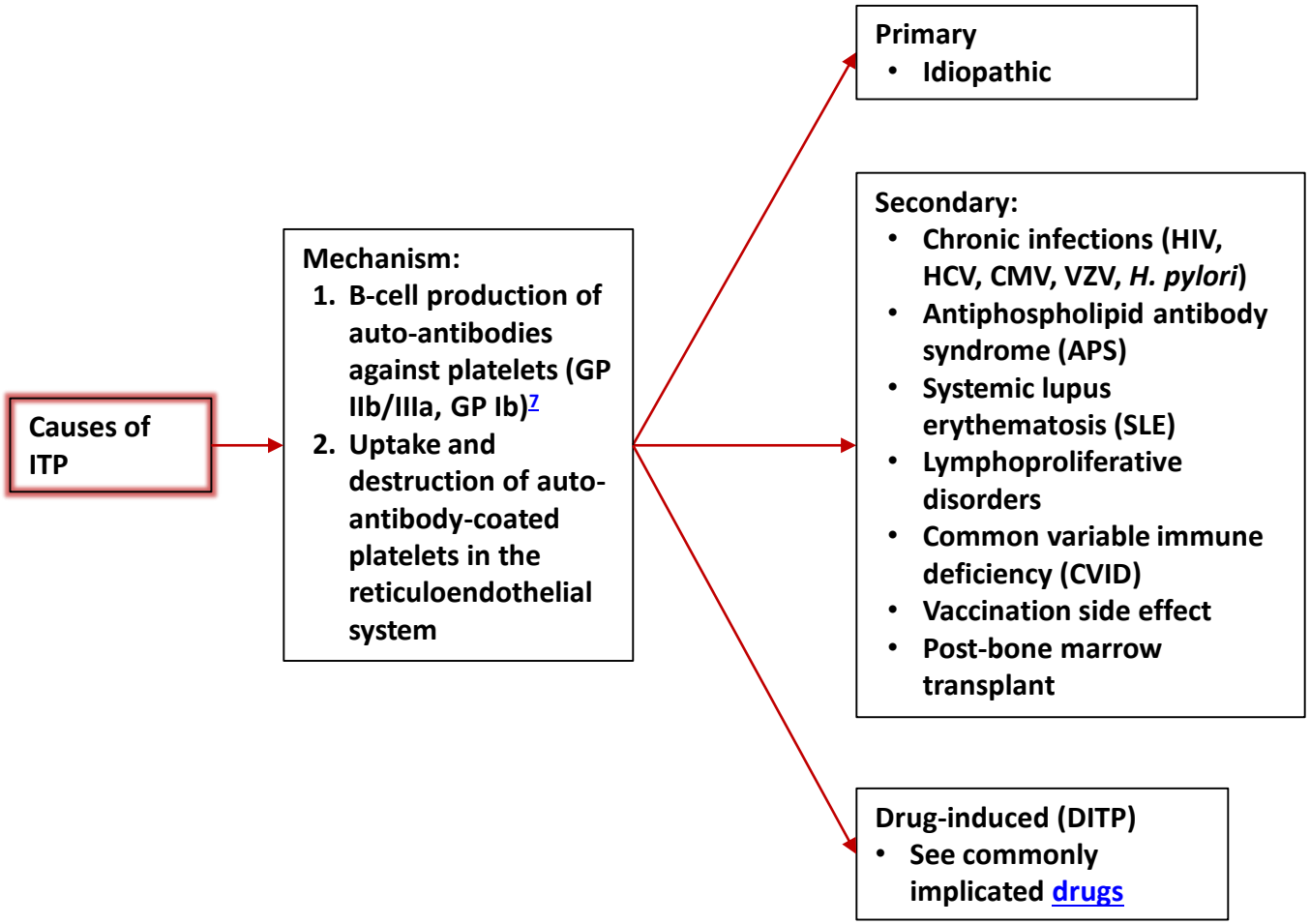
Immune thrombocytopenic purpura (ITP)

Updated: 5/24/2017

Causes of ITP and when to suspect



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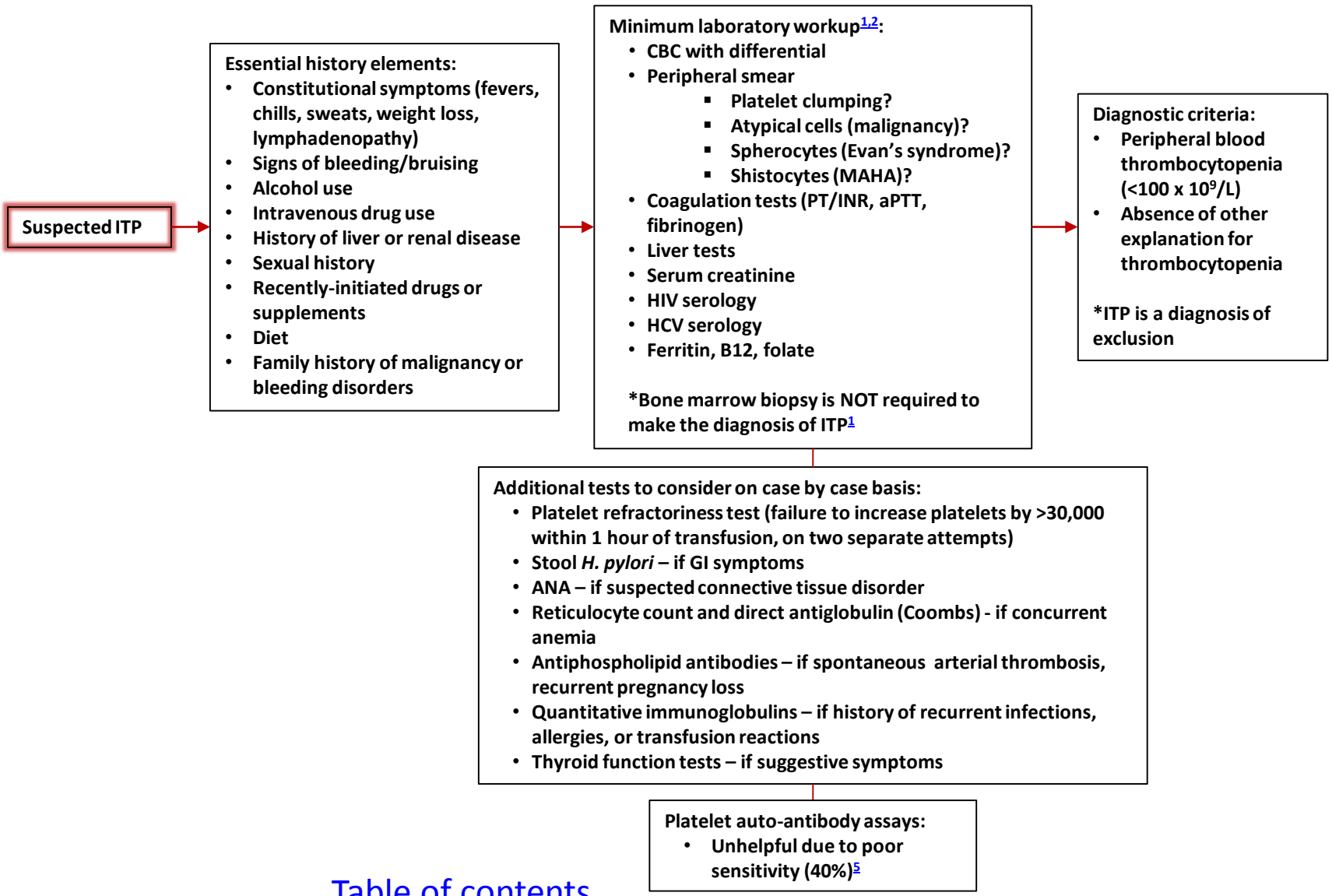
Workup for suspected cases



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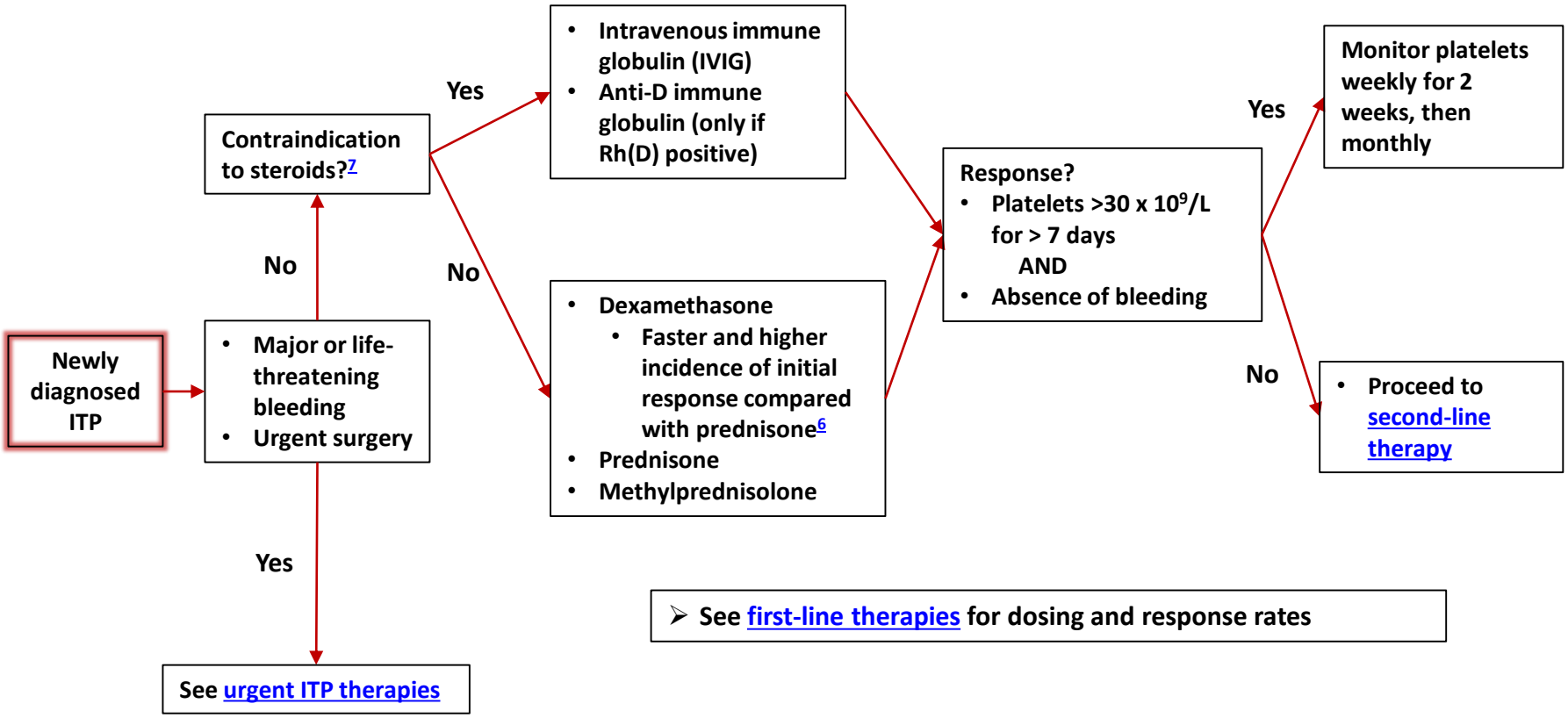
Initial therapy

- General guidelines on who to treat[1,2]:
  - Platelets <30 x 10^9/L
    OR
  - Bleeding signs or symptoms

➢ Decision to treat must be individualized based on age, co-morbidities, bleeding risk, history of bleeding, activity level, and patient preferences.



➢ See first-line therapies for dosing and response rates

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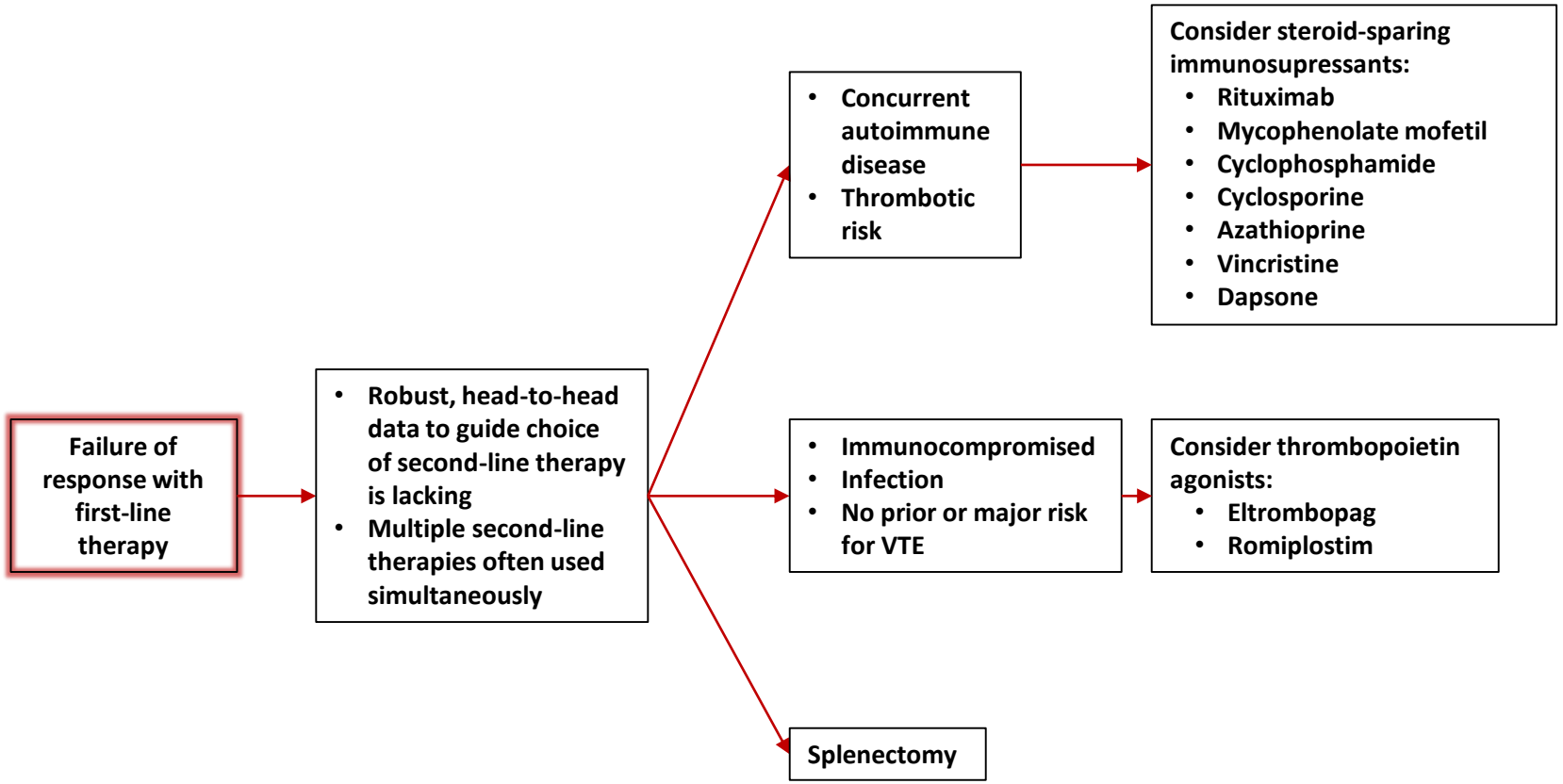
Second-line therapy[1,2,7]



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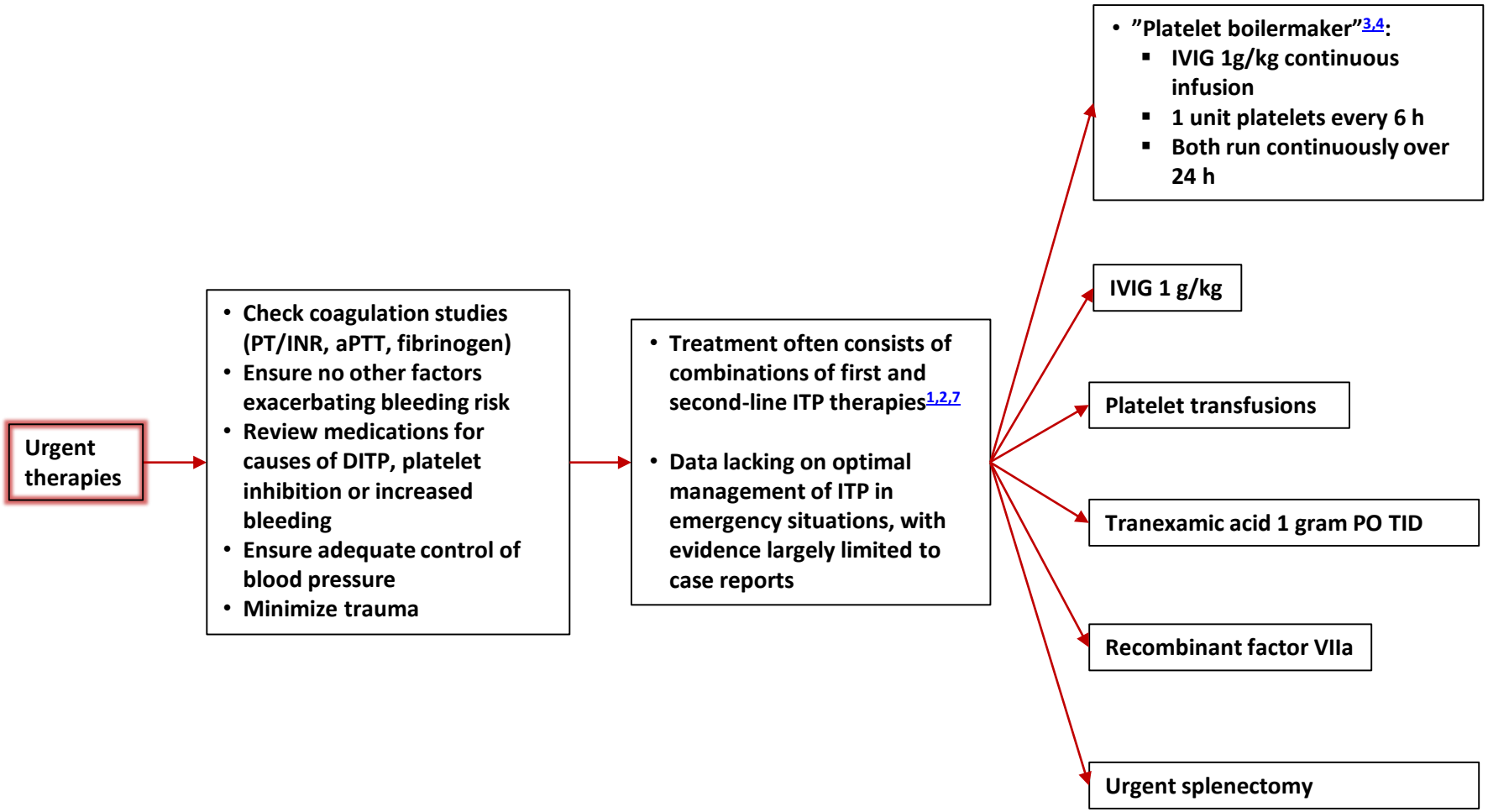
Urgent therapies



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First-line therapies: dosing and efficacy[1,2]

Treatment	Initial response rate	Time to initial response	Peak response time	Duration of response	Toxicity
Corticosteroids ▪ **Dexamethasone** • 40 mg PO daily x 4 days, every 2-4 weeks for 1-4 cycles	Up to 90%	2-14 days	4-28 days	50-80% in remission after 2-5 years follow-up (using 3-6 cycles)	Weight gain, hyperglycemia, edema, hypertension, peptic ulcer disease, cataracts, avascular necrosis, immune suppression, adrenal insufficiency
▪ **Prednisone** • 1 mg/kg/days x 40 days	70-80%	4-14 days	7-28 days	13-15% estimated remission at 10 years	
▪ **Methylprednisolone** • 30mg/kg/d x 7 days	Up to 95%	4-14 days		23% in remission at 39 months	
IVIG • 1g/kg/d for 1-2 days	Up to 80%	1-3 days	2-7 days	Short: platelets return to pre-treatment levels within 2-4 weeks	Flu-like illness, aseptic meningitis, neutropenia, thrombosis, rare anaphylaxis in IgA deficiency
Anti-D immune globulin • 50-75 µg/kg	Up to 80%	1-3 days	2-7 days	Short: platelets return to pre-treatment levels within 2-4 weeks	Hemolytic anemia, DIC, renal failure

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Drug-induced ITP[8]

Commonly-implicated drugs

Class	Drug
Heparins	UFH, LMWH
Platelet inhibitors	Abciximab, tirofiban, eptifibatide
Antibiotics	Linezolid, rifampin, vancomycin, sulfonamides
Anticonvulsants	Phenytoin, carbamazepine, valproate,
H_2 blockers	Ranitidine, cimetidine
Analgesics	Acetaminophen, NSAIDS
Diuretics	HCTZ, Chlorothiazide

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References

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